Registration Form

23rd Becoming an Outdoors-Woman Workshop April 8-10, 2011

Only one person may register per form and you must be at least 18 years old. Please photocopy for additional registrants.

Please Print

Piease Prini Name	E-Mail:
Address	City/State/Zip
Phone: Evening ()	Day ()
Circle One: Night Owl Morning Glory Sleepy Hollow (Party Dorm) (Intermediate Dorm) (Quiet Dorm) A band will play behind the dorms on Saturday night till 11pm	SESSIONS - READ Course Description first. Indicate your first (1), second (2), and third (3), choices for each session. If 3 choices are not made, this may delay your registration. Session I Friday 1:30 pm - 5 pm
Lodging: Preferred Roommate (list up to 2 persons only)	1. Firearms & Firearm Safety 2. Reading the Night Sky 3. Those Dam Beavers 4. Intro to Archery
This is my 1 st , 2 nd , 3 rd , 4 or more La. BOW Workshops. (Circle One)	5. Basic Canoeing6. Flint Knapping7. Backpacking 1018. Game Cleaning9. Hear A Duck, There A Duck
T-shirt size (circle one) Sm Md Lg XL 2X 3X (If a 3X is not available we will substitute it with a 2X.)	Session II Saturday 8 am - 11:30 am10. Outdoor Photography11. Talking Turkey12. Campfire Cuisine
Circle yes to be placed on the carpool list. (circle) YES	13. Basic Camp Cooking14. Compass Skills15. Rifle Markswomanship16. Intro to Shotgun17. Horseback Riding18. Wilderness Essentials19. Intro to Fishing
REMEMBER: The Firearms & Firearm safety class is a Prerequisite for all gun classes. Indicate here if you have taken this class in the past. yesno, or list your Hunter Ed Certification Number	Session III Saturday 1:30 pm - 5 pm
Handgun course enrollee's may bring your own firearm, although handguns will be provided. We will supply ammunition for 22 cal. and 38 (can be used in a 357). PLEASE, have the handgun unloaded before entering the gates. Are you bringing your handgun for this class? YESNOTYPE	24. Backyard Wildlife25. Horseback Riding26. Now That I've Caught It, What Is It, And What Do I Do With It?27. Bucks and Does28. Basic Canoeing Session IV Sunday 8 am - 11:30 am29. Where Am I?30. Birdwatching31. Outdoor Women of the 1800's
Special needs:	31. Outdoor Women of the 1900 s32. Living With LA Wildlife33. Boating/Trailering
If you have specific dietary needs (ex. Vegetarian) you may wish to bring your own food to supplement what is provided.	34 . Beginning Fly-fishing35. Off Road Biking36. Get Em' Hooked!
Circle no if you DO NOT eat boiled crawfish. (circle) NO	37. Basic Camping Skills38. Outdoor Personal Protection
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Regular Check In: 10 am - 11 am Friday Welcome: 11:30 am - 12 Noon Lunch: 12 Noon

ACCOMMODATIONS - Lodging is dormitory style with bunk beds housing 28 participants per dorm with air conditioning. One large central bath house is located between the dorms. Linens, blankets and pillows are not provided. Bring bedding and toiletry items. Meals are served cafeteria style and will be served at the designated times.

<u>WORKSHOP FEE</u> \$170 includes all meals and lodging, class instruction, program materials, use of demonstration equipment, and evening entertainment. Registration is taken on a first come, first serve basis, with space limited to 125 participants. No registration will be accepted by telephone, fax, or e-mail. Upon receipt of your registration and payment, you will be sent a confirmation with a map to Camp Grant Walker. We do not accept credit cards or cash.

Make checks payable to: LOUISIANA WILDLIFE AND FISHERIES FOUNDATION.

REFUND POLICY

<u>CANCELLATION DEADLINE</u> is, March 18, 2011. If you cancel by March 11, 2011 you will receive a 50% refund. Registrants who do not attend and do not cancel by the above date will not receive a refund. Cancellations must be in writing. You may e-mail it to dnorsworthy@wlf.la.gov or fax it to 318-345-0797.

Complete and send registration and fee to: La. Dept. of Wildlife and Fisheries (BOW) ATTN: Dana Norsworthy 368 CenturyLink Drive Monroe, LA 71203

<u>Checks are to be made payable to:</u> <u>Louisiana Wildlife and Fisheries Foundation</u>

Checks not written out to the foundation will be returned.

Participants understand that photographs may be taken during the sessions and may be used in future support of the program.

COME PREPARED FOR RAIN OR SHINE

Suggested Items:

Comfortable outdoor clothing	old shoes	long sleeved shirts	long pants
sun screen	raincoat	cap	camera & film
insect repellant	alarm clock	camping chair	pillow
toiletry items	washclothes	towels	bedding
water bottle	binoculars	flashlight & extra batteries	

TI'S CALLED "LOUISIANA STYLE"

LIABILITY / MEDICAL RELEASE

If I am injured or suffer any illness or disease while residing at and participating in programs of the LDWF, Camp Grant Walker, and/or U.S. Forest Service, except as may be caused by the grossly negligent or reckless conduct of the LDWF employees or volunteer instructors I agree to hold LDWF, Volunteers, Camp Grant Walker, and/or U.S. Forest Service harmless for any said injury, illness or disease.

I further understand and agree to abide by the general rules and conduct prescribed for guest of the LDWF/Camp Grant Walker/U.S. Forest Service and that violations may result in a denial of privileges, a forfeiture of all fees paid and immediate removal from the Camp Grant Walker property.

I have read this release. I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of LDWF Camp Grant Walker, and/or U.S. Forest Service.

Signature of Participant		Date
	TORY QUESTIONNAIR (ANDATORY)	E
Name:	Date of Birth:	Sex:
Address:	City/State/Zip	
Phone:()		
Emergency Contact:	Phone:	()
Emergency Contact:	Phone:	()
The below information could be life saving if an action Please List: Current Medications:		•
Allergies / Asthma (include medications):		
Circle if you are being treated for any of the following: Diabetes High Blood Pressure	Seizures	Heart / Lung / Kidney Disease
When was your last Tetanus Toxoid inoculation?		
THIS MEDICAL HISTORY QUESTIONNAIRE IS COR	RECT AND COMPLETE	E TO THE BEST OF MY KNOWLE
Signature of Participant		

Date